MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/559598

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56	/	/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68		/				
19							69		/				
20							70		/				
21							71	/					
22							72		/				
23							73		/				
24							74		/				
25							75		/				
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	/						85						
36		/					86						
37		/					87						
38		/					88						
39	/						89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	3 ↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)